

Direct Deposit Enrollment/Authorization Form

Check one box only: Activate Direct Deposit Change Bank Account Cancel Direct Deposit

Direct Deposit is an option for receipt of your reimbursements. Direct Deposit is an electronic transfer of funds into your designated checking or savings account. To activate Direct Deposit, please complete and sign this form, then mail it to:

ADP FSA Services
Attn: Direct Deposit
P.O. Box 2698
Alpharetta, GA 30023-2698

Why elect Direct Deposit?— Direct Deposit reimbursements are available in your bank account within two (2) business days after claim processing. NOTE: Always verify with your bank that funds are available BEFORE withdrawing. Neither ADP, nor your employer, is responsible for NSF charges. Please note: Direct Deposit is NOT a reimbursement option for your provider.

During the period or immediately following your company's Open Enrollment Period, please allow up to thirty (30) days for direct deposit activation. During this period, your initial reimbursement(s) will be sent by mail. Thereafter, ADP FSA Services will send you a transaction notice by mail to verify initiation of electronic transfer of each reimbursement to your bank account. ALL CHANGES OR CANCELLATIONS MUST BE ON THIS FORM.

TO ACTIVATE DIRECT DEPOSIT YOU MUST:

- Call your financial institution and verify that they can receive a direct deposit transaction.
- Ask them for their nine (9) digit Bank routing number, and enter that number on the form below.
- Complete the rest of the information on the form.
- Attach a voided check or deposit slip.
- Sign this enrollment/authorization form and submit by mail to the address above.

Your Social Security Number: - -

Name: _____ Work Phone: () _____
 FIRST M.I. LAST

9-digit Bank Routing Number: ___ ___ ___ ___ ___ ___ ___ ___

Account Number: _____

CHECK ONLY ONE BOX: CHECKING OR SAVINGS

BANK NAME: _____

If the account specified is a joint account, the name and signature of the second signor are required to authorize electronic funds transfer to the account

Name: _____

Signature: _____

To ADP FSA Services: This is your authorization to activate, change or cancel Direct Deposit, per my selection above with the named financial institution for the account number in my attached deposit slip or voided check. FOR ACTIVATIONS or ACCOUNT CHANGES: this authority is to remain in effect until revoked upon written notification by me. I have verified that my financial institution can receive transactions by Electronic Funds Transfer. I authorize my financial institution account to be debited for any reimbursements sent in error. I understand that Direct Deposit will continue automatically into each new Plan Year unless I notify ADP FSA Services in writing that I wish to discontinue Direct Deposit. For Activations, Account Changes or Cancellations: By signing below, I certify that I have read and understand the information on this authorization.

Signature: _____ Date: _____